

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016755

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200Primary Registration District No. 3041Registrar's No. 60

STATE FILE NUMBER

FILED MAY 7 1963

1. PLACE OF DEATH

a. COUNTY Maconb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN MaconLength of stay in 1b
4 weeks

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Samaritan hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY

Maconc. CITY
OR
TOWN New Cambria

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Bobby

Middle

Bundren

Last

Evans4. DATE
OF
DEATH

Month

Day

Year

April 24, 1963

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3/30/74

9. AGE (last birthday)

89 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (City and state or country)

New Cambria-Rural

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

David Abner Bundren

13b. MOTHER'S MAIDEN NAME

Frances Umbarger

14. NAME OF HUSBAND OR WIFE

Luther K. Evans15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)No.

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Miss Letha J. Evans, New Cambria, Mo18. CAUSE OF DEATH (Enter only one cause per
PART I: DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory failureINTERVAL BETWEEN
ONSET AND DEATH12 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Prolonged recumbency necessitated by fractured vertebrae1 month

DUE TO (c)

AtherosclerosisyearPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition, given in PART I (a)Broken heart due to depression - senilityPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-29-63 to 4-24-63 and last saw her alive on 4-24-63
Death occurred at 11:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialApr. 26, 1963New Cambria CemeteryNew Cambria, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

H. F. HildebrandNew Cambria Mo4/26/63John L. Thompson, (Reg.)

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/591 06112 06102

3

4 15 2

6

7 08 29 4500

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11

12 1-213 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Howard J. Kelleland

Licensed Embalmer No.

4019

P. O. Address

New Cambria Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.